FIRST REGULAR SESSION

SENATE BILL NO. 527

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR GANNON.

KRISTINA MARTIN, Secretary

AN ACT

To repeal section 376.1060, RSMo, and to enact in lieu thereof one new section relating to the delivery of health care services by dentists.

Be it enacted by the General Assembly of the State of Missouri, as follows:

	Section A. Section 376.1060, RSMo, is repealed and one
2	new section enacted in lieu thereof, to be known as section
3	376.1060, to read as follows:
	376.1060. 1. As used in this section, the following
2	terms shall mean:
3	(1) "Contracting entity", any person or entity,
4	including a health carrier, that is engaged in the act of
5	contracting with providers for the delivery of [dental]
6	health care services [or the selling or assigning of dental
7	network plans to other health care entities];
8	(2) ["Identify", providing in writing, by email or
9	otherwise, to the participating provider the name, address,
10	and telephone number, to the extent possible, for any third
11	party to which the contracting entity has granted access to
12	the health care services of the participating provider]
13	"Health care service", the same meaning given to the term in
14	section 376.1350;
15	(3) "Health carrier", the same meaning given to the
16	term in section 376.1350. The term "health carrier" shall
17	also include any entity described in subdivision (4) of
18	section 354.700;

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

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(4) "Network plan", [health insurance] coverage offered by a health [insurance issuer] carrier for health care services provided by a participating provider under which the financing and delivery of [dental] the health care services are provided in whole or in part through a defined set of participating providers [under contract with the health insurance issuer];

[(4)] (5) "Participating provider", a provider who, under a contract with a contracting entity, has agreed to provide [dental] health care services with an expectation of receiving payment, other than coinsurance, co-payments or deductibles, directly or indirectly from the contracting entity;

32 [(5)] (6) "Provider", any person licensed under
33 section 332.071.

2. A contracting entity shall not sell, assign, or 34 35 otherwise grant **a network plan** access to [the dental services of] a participating [provider under a health care 36 37 contract unless expressly authorized by the health care contract. The health care contract shall specifically 38 provide that one purpose of the contract is the selling, 39 assigning, or giving the contracting entity rights to the 40 services of the participating provider, including network 41 42 plans] provider's health care services until the contracting 43 entity has notified the participating provider thirty days in advance of such participating provider's health care 44 services being made available to the network plan's 45 participants and the participating provider has agreed in 46 writing separate from any other agreement entered into 47 48 before the receipt of the notification. The notification 49 shall identify the network plan, the health care services 50 included, and a fee schedule if different from the network

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51 plan for which the participating provider is currently
52 providing health care services.

3. [Upon entering a contract with a participating
provider and upon request by a participating provider, a
contracting entity shall properly identify any third party
that has been granted access to the dental services of the
participating provider.

58 4.] A contracting entity that sells, assigns, or 59 otherwise grants **a network plan** access to [the dental 60 services of] a participating [provider] provider's health care services shall maintain an internet website or a toll-61 free telephone number through which the participating 62 provider may obtain information which identifies the 63 64 [insurance] **health** carrier to be used to reimburse the participating provider for the covered [dental] health care 65 services. 66

67 [5.] 4. A contracting entity that sells, assigns, or otherwise grants **a network plan** access to a participating 68 provider's [dental] health care services shall ensure that 69 an explanation of benefits or remittance advice furnished to 70 71 the participating provider that delivers [dental] health 72 care services [under the health care contract] for the 73 network plan identifies the contractual source of any 74 applicable discount.

[6. All third parties that have contracted with a contracting entity to purchase, be assigned, or otherwise be granted access to the participating provider's discounted rate shall comply with the participating provider's contract, including all requirements to encourage access to the participating provider, and pay the participating provider pursuant to the rates of payment and methodology

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82 set forth in that contract, unless otherwise agreed to by a 83 participating provider. 84 7. A contracting entity is deemed in compliance with 85 this section when the insured's identification card provides 86 information which identifies the insurance carrier to be 87 used to reimburse the participating provider for the covered 88 dental services.]

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